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MILK ABSCESS.

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THERE is no accident to which the parturient female is exposed, more dreaded by herself than what she designates a "gathered breast;" and having been once afflicted with this kind of abscess, she anticipates its return on every occasion of her lying in. Hence it is of importance, as well for the success and reputation of the accoucheur, as for the comfort and well-being of his patient, that such an occurrence should be averted, if possible. And as the testimony of all writers upon the subject is united in support of the opinion, that there is no phlegmonous inflammation which takes on the suppurative process with more certainty, or rapidity, than that which attacks the female mammæ—to procure a resolution of the inflammatory action is manifestly the first indication to be met, and the most desirable object to be gained; but experience has proved how fruitless the most active measures have been, may it not be said, in the majority of cases. Saline cathartics, local or general bleeding, as well as a variety of external applications, have been employed in the practice of the best and wisest men; but with what success, the painful history of the past abundantly testifies. The late Dr. Dewees, whose reputation in this department of science entitles his testimony to the highest regard, recommends bathing the breast with warm vinegar as the most successful application in his hands; to be conjoined, of course, with the usual constitutional remedies, for inviting the blood to other parts of the system, and reducing the local inflammation. It is true that the failure to resolve the inflammation may frequently be the result of carelessness on the part of the attendant, or of injudicious management in the early stage of the malady; but the "pertinacity of its course," to use the language of Dr. Dewees, is a peculiarity of mammary inflammation, which renders it capable of resisting in a great many cases the most active antiphlogistic treatment. During the first few years of my practice, I had frequently to lament the ill success of remedies which I had learned to estimate as powerful resolvents; and notwithstanding the most faithful perseverance in their application, I was frequently obliged to abandon them, and substitute supporting constitutional remedies, with such external means as were designed to aid the

suppurative process. And it may not be considered presumptuous in me to say, that after repeated trials with a variety of unguents and liniments, I have abandoned them all, except the following, which I use in nearly every case of mammary abscess, and generally with entire satisfaction. R. Ung. tabaci., oz. ii.; pulv. camph., drchm. ii.; ext. belladonna., drchm. iss. Ft. ung. The belladonna is not always used, though I do not know that it is ever inadmissible. The tobacco ointment was first introduced to my notice by William J. Allinson, an apothecary of this city, who makes it in a manner somewhat different from the official formula; vinegar or sour cider being used in the preparation, thus meeting in some measure the suggestion of Dr. Dewees. The tobacco ointment, itself, is a good application, but the addition of camphor renders it more agreeable to the patient, counteracting, in some measure, the unpleasant odor of the tobacco, and adding, probably, to its curative powers. It frequently affords relief, even after the acute, lancinating pain, and chill, which characterize the onset of the suppurative stage, have been developed, and the tumor presents that glazed appearance which precedes the pointing of the abscess. I have a lady under treatment, at this time, who has suffered from milk abscess after each of her confinements (four in number), so that the breast has become entirely useless to her. Not being aware of this fact, when she came under my care a few weeks since, my attention was not particularly directed to the breasts, till on one of my visits I found she had had a chill, followed by fever, and sharp, cutting pains in the left mamma; the gland was much swelled, and just under the nipple was a shining protuberance, indicating the locality for pointing. A muslin cloth, the size of the gland, was spread with the ointment, and the whole surface covered with it immediately—the nipple presenting through an opening in the muslin. In about twenty-four hours, the application being frequently repeated, the pain and induration were partially relieved, and the patient gradually recovered. Within the last two years I do not recollect to have seen a “gathered breast,” though my opportunities for meeting with this form of disease have been four-fold, in comparison with any former period—but I have frequently seen in that time the mammary gland swelled, painful and threatening suppuration. Constitutional means are not, of course, omitted in cases where their indications are present.—*New Jersey Medical Reporter.*

AMARIAH BRIGHAM, M.D.

DR. AMARIAH BRIGHAM was born Dec. 26, 1798, in the town of New Marlborough, Berkshire County, Mass., where his father, John Brigham, was also born. His grandfather, Francis Brigham, one of the first settlers of the place, was from Marlborough, in Worcester County, a descendant of Thomas Brigham, who came over from England, and settled in Cambridge in 1640. In 1805, the father of Amariah moved to Chatham, Columbia County, N. Y., where he had purchased a farm, and died there in 1809. On the death of his father, the subject

of this memoir, who was now 11 years of age, went to reside with an uncle, Dr. Origin Brigham, a highly respected physician in Schoharie, N. Y. Here he hoped long to reside, and to follow the profession of his uncle, for which he had already imbibed a fondness. But it was so ordered in Providence, that in the course of a few years this beloved relative was removed by death, and the nephew left, with limited resources, to seek some new home and employment.

After remaining a short period with his mother in Chatham, having little taste for the farm, and an ardent desire for books and knowledge, he started off, alone, at the age of 14, for Albany, in pursuit of a livelihood. He soon found a place there, in a book and stationery establishment, where he resided in the family of the proprietor, and found himself happy. He had here abundant access to books, was in the neighborhood of the courts, the Legislature, and public men, and embraced with eagerness every possible means of acquiring knowledge. One who furnishes the material for this part of the memoir, well remembers the enthusiasm with which he would describe men and scenes of the Capital, on his occasional visits to his mother at Chatham. Though but 15 years of age, he could describe the person and qualities of almost every man of note who came to Albany, had his own opinion formed on nearly all matters of public interest, and could cite book and chapter for the ground of his opinion.

He often mentioned one little occurrence in connection with the late Daniel D. Tompkins, who was then Governor of the State. He was directed, soon after entering on his new employment, to carry some article of stationery to the Chief Magistrate, who resided in a mansion with spacious grounds in front, near the Capitol. After delivering his parcel, and coming down one of the winding paths to the gate, he picked up a new silk handkerchief which had been accidentally dropped. Presuming it to belong to some of the governor's family, he went back and inquired for an owner. The governor soon appeared in person, gave him many thanks for the return of the article, inquired of him his history, and then dismissed him with a cordial shake of the hand and a generous piece of money. That occurrence, which he has often mentioned in later years, impressed deeply on his mind two things—the value of strict integrity in boys, and of kind attention towards them by men of prominence. He said he could not be bribed, after that, to do a dishonest act, for all the wealth of the Capital.

During a three years' residence at Albany, while he had given perfect satisfaction to his employer, he had retained his desire for professional life, and had devoted all his leisure time to reading and inquiry relating to the same. His mother now moving back to his native place in Berkshire, Mass., he soon got released from his engagements and resided with her, and entered on the study of medicine with Dr. Edmund C. Peet, a distinguished physician, brother of H. P. Peet, Esq., President of the New York Deaf and Dumb Asylum. Here he resided and studied more than four years, subtracting his winter term, when he taught school; and one year spent in New York, attending lectures.

His study, too, was close and thorough, often amounting to twelve hours a-day, besides miscellaneous reading.

While he had at this time, when his professional studies commenced, acquired an extensive acquaintance with books, had practised much in composition, and wrote well, he had never in form studied English grammar. One who was the teacher of a select school in the place, informs us that he was waited on by the young medical student, with a proposition to be taught the grammar, and wished to have it all done in a single day. A day was given him, and a hard day's work it was, for hundreds of questions had to be thoroughly answered, and different parts of the text book explained. In the evening several young persons, who had spent months in the same study, undertook to examine the pupil of a day, and found, to their surprise, that he had not only reached their position in the study, but had gone beyond them, and could propose and solve difficulties in the language quite too hard for them. Within a few weeks he commenced the teaching of a school for the winter, in which he had a large class in grammar, and which was so taught, that at the closing examination both teacher and pupils received high commendation.

In prosecuting his medical studies, he found that many things which he wanted were locked up in the French language. With the same resolution which had led him to master the English grammar, he procured dictionaries and other helps, and without any teacher mastered the French. Nearly one third of his large library left, is in this tongue, which was read, in later years particularly, with as much facility as his own vernacular.

The year 1820, when his professional studies closed, he spent with Dr. Plumb, of Canaan, Conn., engaged, most of the time, in practice with him. In 1821, he commenced practice by himself, in the town of Enfield, Mass. Here he remained for two years, with fair prospects, but finding a more inviting field before him in Greenfield, the shire town of Franklin County, he removed thither, and practised for two years, when he went to Europe. After a year's residence in France, Italy, England and Scotland, he returned to Greenfield, but moved in April, 1831, to Hartford, Conn. Here he had a large and successful practice, much of it in the line of surgery, until 1837, when he moved to New York and lectured one winter in the Crosby-street Medical College. But his health here not being good, and not liking the confinement, to which he was so unused, he returned, in October, 1838, to Hartford, a place which was always dear to him, and where he had hoped, even the last year, to spend the evening of his days. Dr. Brigham was married Jan. 23, 1833, to Susan C. Root, daughter of Spencer Root, Esq., of Greenfield, Mass., by whom he had four children, of whom three, with their mother, survive to mourn his death. In January, 1840, he was appointed, in connection with Dr. Sumner, to take charge of the Retreat for the Insane at Hartford, and in July, 1840, he was appointed Superintendent of the same.*

In the summer of 1842, Dr. Brigham was appointed Superintendent

* The above sketch of the early history of Dr. B. was furnished by a brother of the deceased.

of the New York State Lunatic Asylum, at Utica. The institution was opened the 16th of January, 1843. From this time, until the period of his death, he was unceasing in his devotion to the great cause of humanity in which he was engaged. It is well known that the building, first erected, was intended as only a part of the entire establishment, and consequently was not susceptible of such an arrangement as was necessary for a proper classification. It was the ambition of Dr. Brigham that the State of New York should have a model institution, and this was impossible without further accommodations; and although his duties were thereby rendered more arduous and responsible, without any increase of remuneration, he was unceasing in his application to the Managers and the Legislature, for additional buildings. In May, 1844, an additional appropriation of \$60,000 was made by the Legislature, to enable the Managers to erect two additional wings for patients, thus doubling the accommodations, and also the necessary room for bakery, wash-rooms, &c., in the rear of the buildings, and thus removing them from the basement of the main building. The new erections were completed in 1846, and were soon filled with patients; from that time until the present, the average number of patients having been from 450 to 500. Dr. Brigham was not only ambitious of establishing an institution which should be creditable to the State; but in order that our citizens should avail themselves of its advantages, he labored to diffuse a more extended knowledge of the subject of insanity. This he did by popular lectures, and by embodying, in his reports, details of the causes, the early symptoms, and means of prevention, but particularly by the establishment of a quarterly Journal, viz., the *Journal of Insanity*, which was devoted exclusively to this subject. In order to secure its more extensive circulation, it was placed at the low price of one dollar a year, in addition to many copies gratuitously distributed. To the readers of the Journal nothing need be said of its merits. At the time it was commenced, it was the only Journal of the kind published, either in this or any other country, and enlisted the highest encomiums from the medical and legal professions, both in Europe and America. Although Dr. B. was the responsible editor, it was the medium of communication for some of the ablest writers in our country. We have reason to know, that in addition to the gratuitous labor of editing and superintending its publication, it was long maintained at a heavy pecuniary sacrifice.

In August, 1848, Dr. Brigham lost his only son, John Spencer Brigham, a promising and particularly attractive lad of the age of 12 years. In this son was treasured a father's fondest hopes and proudest aspirations. He fell a victim to the dysentery which was prevailing in the Asylum, as also in the neighboring city of Utica and surrounding country, in a malignant form. A few weeks after he was called to follow to the grave his only remaining parent. These afflictions, the first of which was felt as parents who have lost the child of their affections alone can feel, evidently preyed upon a constitution naturally feeble, and seemed to prepare the way for his own premature removal. Though educated by a pious mother, and enjoying the advantages of an early religious education, he, like too many others, had been too much engrossed

with the cares of this life, to attend much to the future. This circumstance, with some severe strictures, in his writings, on the pernicious effects of revivals and protracted meetings on the health of young persons, very unjustly gave rise to a charge of scepticism and infidelity. If there was a fault, it was one into which a medical man like Dr. B., possessed of a strong feeling of benevolence, would naturally run; viz., in his solicitude for health and physical well-being, to forget that there are other and higher claims than those of this world. For the last four or five years more attention was paid to the subject of religion. The death of his son and mother made him feel more strongly the uncertainty of all earthly ties, and induced him to place his treasures in heaven. Dr. B. seemed to have a presentiment that his earthly pilgrimage was approaching its termination; and in his letter to his brother, the Rev. John C. Brigham, on the subject of the death of his son and mother, he spoke freely of his own death as not far distant; expressing, however, neither fear nor regret. It was but too evident to the friends of Dr. B., that his afflictions, together with his arduous duties, were preying upon a feeble constitution, and he was urged to relax his exertions, and, if that could not be done, to resign his situation; but he could not consent to leave his work unfinished, and only promised that when the institution was in a condition to dispense with his services, he would retire. But, alas! that period never arrived. In the month of August, 1849, the dysentery again made its appearance in the institution, but in a much milder form than in the preceding year. Dr. B. was seized with diarrhœa, which in many cases was the precursor of the more formidable affection. He, however, still persisted in discharging the duties of his office, and attending to his patients, until so far exhausted that it was impossible. The writer first saw him on the 27th of August; he had then been confined to his bed three days, and was suffering from the ordinary symptoms of dysentery, with fever, pain and discharges of blood, but combined with extreme debility and prostration, so as to cause great apprehension for the result. The severer symptoms yielded readily to the treatment, and his medical attendants flattered themselves with the hope that he might still be spared. But this hope proved delusive: the disease, though not severe, had exhausted the little strength which he possessed, and there seemed no power of restoration. Every effort was made to sustain the system (which was all that could be done), but these efforts were all vain, and he expired, without a struggle or a groan, on the morning of the 8th of September. The doctor himself, from the first, said he should not recover, spoke calmly but freely about his death, gave directions about his affairs, and as to his burial, requesting to be laid beside his beloved son, and that the bodies of both should subsequently be removed to the new cemetery, where a spot has been selected for their interment.

Dr. Brigham was a philanthropist, a lover of his brother man in the strictest sense of the term. He no doubt was ambitious of fame and distinction, but he was still more ambitious of being useful, and often expressed the idea that he saw no object in living after a man had ceased to be useful. Fortunately for the community, the usefulness of which

he was most ambitious will not perish with him. As the first Superintendent and organizer of the N. York State Lunatic Asylum, he has erected a monument as durable as the blocks of stone of which it is built. His teachings, too, live in his writings. In addition to his annual reports, in which the whole subject of insanity is discussed, and the editorial articles in the *Journal of Insanity*, he has at different times published works of a more permanent character. In 1832, he published a small volume on the epidemic or Asiatic cholera; also a work on mental cultivation and excitement. In 1836, a volume on the influence of religion upon the health and physical welfare of mankind. In 1840, a volume on the brain, embracing its anatomy, physiology and pathology. His last publication was an appropriate crowning of his labor of benevolence; it is a small duodecimo volume, entitled the "*The Asylum Souvenir*," and is dedicated to those who have been under the care of the author and compiler. It consists of a collection of aphorisms and maxims, to aid in the restoration and preservation of health, and we have no doubt it will be cherished with a double care, as it may now be considered the parting legacy of their friend and benefactor.

Were we asked what were the leading traits in the character of our departed friend, we should answer, that the first and strongest impulse was one of kindness and benevolence; but this was combined with a high sense of justice, and he would not indulge the former at the expense of the latter. In addition, he possessed a strong feeling of self-reliance; a quickness of perception which enabled him to seize readily the views of others, and use them for his own purpose; but above and before all, an iron will and determination, which brooked no opposition. Consequently, in whatever situation he was placed, he must be absolute, or he was unhappy. It is seldom we find this strong determination of purpose connected with a feeble constitution; but whenever it exists, the individual may be marked for a premature grave; the strongest constitution can scarcely long maintain itself under the thousand irritations and annoyances, to which such a will is subject.

Dr. Brigham, as we have said, was ambitious, but his was a noble ambition. He was ambitious of being useful to mankind, and of leaving a monument by which he should be remembered in after ages, and be ranked among the benefactors of our race; and most nobly has he succeeded. Few men were less covetous of personal popularity, or more regardless of the opinions of those about him, so long as he was sustained by the approbation of his own conscience. The following extract from Bryant, which he himself selected for *The Asylum Souvenir* but a short time before his death, beautifully expresses the purpose of his life, and the manner of his death:—

So live, that when thy summons comes to join
The innumerable caravan, that moves
To that mysterious realm, where each shall take
His chamber in the silent halls of death,
Thou go not like the quarry-slave at night,
Scourged to his dungeon, but sustain'd and sooth'd
By an unfaltering trust, approach thy grave
Like one who draws the drapery of his couch
About him, and lies down to pleasant dreams.

Journal of Insanity.

C. B. C.

DUTIES TO PATIENTS AND THEIR FAMILIES IN FATAL CASES.

BY W. FRASER, ESQ., M.R.C.S.E.

WHAT are the principles that should guide the medical man in his attendance on cases of a mortal character, and in his intercourse with the family and friends of the patient on these occasions ?

Ans.—When called to a case which you decidedly perceive to be of a quickly fatal tendency, your duty is at once to apprise the friends, or at least such of them as prudence may point out, of your opinion, and likewise the patient himself, more especially if he appeal to you, unless peculiar circumstances at the time forbid it. After having discharged this most disagreeable duty in the most judicious manner that you can, and given the patient or his relatives an opportunity of calling in further advice, if they should think proper, of procuring the aid of a clergyman, and of making whatever other arrangements may be necessary in the circumstances, you should, with the utmost promptitude, and with as hope-inspiring and sympathizing a manner as possible, set about taking advantage of whatever possibility of recovery nature may hold forth. The dictum of Samuel Johnson on this point requires some qualification. He says—"I deny the lawfulness of telling a lie to a sick man for fear of alarming him. You have no business with consequences ; you are to tell the truth. Besides, you are not sure what effect your telling him that he is in danger may have. It may bring his distemper to a crisis, and that may cure him. Of all lying I have the greatest abhorrence of this, because I believe it has been frequently practised upon myself." A little medical experience would have induced the stern moralist to have modified his aphorism at least to the extent of allowing the medical man a discretionary power of withholding the truth, or part of it, when the character of his patient or other circumstances warranted him. Medical men are often very unfairly blamed, in cases of a hopeless character, for not at once telling their patients that they cannot recover. In cases of such an acute or unmistakably fatal character as must in all probability terminate the patient's life in a few days or even hours, and where the shock the information would produce on the patient's feelings would not be likely to turn the balance of chance against him, it is decidedly proper that the friends or the clergyman should let him know to prepare for the worst. But in chronic cases much may be said in favor of a different course. Were the medical attendant, who is looked upon by the patient as the angel of life and health, to set the seal of *his* testimony to the poor invalid's death-warrant, his days would, in many instances, be shortened by weeks or even months. In many cases the shock would be so great that he would refuse, or rather be unable, to take food, and would give himself up to the horror of despair ; so that, instead of sinking calmly into death, as nature provides, he would have to endure a fearful struggle, equally harrowing to himself and to the feelings of his friends, with the last enemy, whose approach had been so injudiciously pointed out to him. The medical man must frequently have his feelings severely tried by witnessing the distress brought upon those who are deprived, or threatened to be deprived, of individuals with

whom their dearest affections are bound up, or upon whom their subsistence or prospects in life depend ; and there is a danger, on these occasions, of his giving way to his feelings of sympathy to such an extent as to unnerve him for the important and responsible duties involved in his having the charge of the case. The following extract from Pettigrew's "Life of Dr. Lettson," will, I think, exhibit the true philosophy that should guide the practitioner on such occasions. The amiable Dr. Cumming, in writing to his friend Lettson, says—"Have you not sometimes felt the humid, clay-cold grasp of a respected friend's hand? Have you not seen the lack-lustre eye, the wan, perhaps the distorted, features, and the convulsive pangs, of an expiring husband or father—his bed encircled by an affectionate wife and a group of weeping children, whose comfort in this world—nay, perhaps, whose subsistence—depended upon the life of their parent? The feelings that are on such occasions excited, rend the very heart-strings, and make us deplore the *weakness*—the *impuissance*—of our art. I have been on the point of abjuring the practice of physic, have wished to inhabit a den in the desert, or have lamented that I had not been bred to the trade of a cobbler." Dr. Lettson, who to an equally benevolent heart joined the most masculine good sense and practical wisdom, takes quite another view of the subject, and shows how the honey of comfort may be extracted from the bitter cup of affliction, and the unavailing physician of the body may become the angel of hope and consolation to the mind of the mourners. "I did not expect," he says in reply, "I should ever have occasion to differ in sentiment from Dr. Cumming; but with respect to all those dreadful pictures he has so painfully exhibited of the *impuissance* of our art, I feel—I mean I have experienced—very different impressions. A physician is always supposed to have formed a judicious prognostic—to have foreseen the 'convulsive pangs of an expiring husband and father,' and all the subsequent catalogue of distresses; but here, my friend, it is that when in the physician the friend and the divine are combined, his affection, his good sense, and his sympathy, pour into the afflicted the oil of comfort. He soothes the pangs of woe; he mitigates the distresses; he finds out something in the wise dispensations of Providence that he carries home to the bosom of affliction. Here it is that he is truly a guardian angel: his assiduity makes him appear as a sufferer with the family; they view him as part of the family; sympathy unites him to them; he acquires new affections; he mourns with them, and his philosophy points out new sources of consolation: he is beloved; he is become the father of the family; he is everything that heaven in kindness deutes to soften, to dissipate misery." "I think," he says, on another occasion, "that a humane physician, who evinces by his conduct a tender interest in the recovery of his patient, never loses reputation by an event which no human means could prevent: on the contrary, oftentimes nearer attachments are acquired; for the sympathy of the physician makes him appear almost as one of the family, and mutual anxiety begets mutual endearment. This I have felt and seen daily; and sometimes the pleasures of rational melancholy, if I may so term it, are the most permanent and the most consolatory to a feeling heart."—*London Medical Gazette.*

BURIALS IN CITIES.

[THE following remarks on a subject which is engrossing a large share of public attention on both sides the Atlantic, are from the London *Lancet* of Sept. 15th. They are so applicable to the existing state of things in Boston, and probably other cities in the United States, and so exactly correspond with the views which we have always held forth in the *Journal*, that we take pleasure in copying them.]

If we can extract consolation from the fearful visitation which is now scourging the metropolis, it is from the fact, that notwithstanding the grave faults and vacillating conduct of those in authority, sanitary science is even now, when death is all around, making a gigantic stride. The present lesson can never be wholly lost; it must hereafter benefit the health of millions. A wise man gave the saying—

"There is a soul of goodness in things evil,
Would men observingly distil it out."

We trust we are distilling some not slight essences of good even from the cholera epidemic. The public mind is now evidently upon the right scent. Those who remember the visitation of 1832, must also remember the avidity with which people rushed to churches and chapels as a safeguard against disease. We have no irreverent meaning—far, very far, from it—when we say that we rejoice to see, in the present pestilence, that they look to the physical causes of disease, in a more just degree, while the public mind is not really less humble or reliant upon divine providence. Now churches are looked upon with a double aspect—as the place of public worship, and also as a site of pollution by the festering bodies of the dead in the vaults beneath. The death-dust from the tombs arises even to the most religious, between the devotee and the sanctuary; and many fear the place of public worship as much as a cholera hospital. This state of things can hardly fail to lead to the abolition of intra-mural interments. A greater than Mr. Mackinnon has spoken, and the dread voice of the pestilence will not be said nay. There is nothing connected with the proceedings of the Board of Health which we so unhesitatingly approve as the shutting up of graveyards. We almost envy the task of Dr. Gavin Milroy, going about, armed with the power of closing graveyard after graveyard. But the exertions of the Board of Health must not stop here. During the present frightful mortality some mode and place of interment must be found, not more expensive or onerous to the poor than the present method of burial. Otherwise the most fearful results may be expected. We shall have dead bodies accumulating *intra muros* above ground, instead of beneath it, and we need not say which is the most baleful alternative. We trust, therefore, that while Dr. Milroy is pursuing his salutary career, others are providing, under the direction of the Board of Health, for the easy and rapid interment of the dead, without injury to the living, in other cemeteries. This is a momentous matter, one calling for instant action, and unless properly dealt with, the closure of churchyards and burial grounds must prove a curse rather than a blessing. A proper outlet for our enormous mortality ought instantly to be found.

MODIFIED DEVELOPMENT IN UTERO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The cases lately given in your interesting Journal, of arrest of development in utero, lead me to furnish the following one of *modified* development, that occurred in my practice.

Mrs. W., wife of J. W., of this town, mother of six living children, all healthy and well formed, on the 27th of January, 1834, was delivered of a child, after a long and tedious labor. This child was of about the average size (the average weight being here about 7 3-4 lbs.), although its birth was said, by its mother, to be premature by about one month. When I received this child into my hands and brought it to sight, its deformed appearance was so shockingly loathsome, that the women present involuntarily shuddered and turned away, and one of them fainted. It gasped two or three times for breath, and died. I did not try to keep it alive. I rolled it in a cloth and sent it out of the room, that the mother might not know what the matter was, only that it was dead. On seeing all this, the mother, feeble and exhausted as she was, exclaimed, "The child is marked! I expected it. I scolded my folks a good deal because they did not take that *large dead frog* out of the well: I got it into the bucket and hauled it to the top of the well, when I was about three months gone. I was so mad I dashed the bucket," &c. She said she knew she had "marked" the child by *that dead frog*, and asked to see the child, but was denied. Its body was short and wide; its head joined the body by a thick and wide base, without any neck; its face occupied an inclined plane on the top of the head, looking forward, the eyes being as far back as the crown usually is, and were round, large and wide open; the nose small, wide and flat, and the chin small and sharp. Its ears were very small; its fingers were webbed; its metatarsal bones and toes were also webbed. Its skin from its sides made a webbing across to its arms, and from its arms across the elbow joint to its fore arms. Its arms and legs were long and slim; and its spine was stiff as though its bones were ankylosed, and proceeded up into the head.

I obtained this child with the view of preserving it; but as I had at that time no private office, I put it into the private office of Dr. W. U. Wiser, of Antwerp (I then living at Somerville, six miles from this place and six from Antwerp), for safe keeping, until I made provision for my own accommodation. Somehow Dr. Wiser understood me as giving it to him, as he said, when I called for it two years afterwards, and he had then given it to a Dr. Bigelow, who had gone west, and had since deposited it in the Willoughby University, in Ohio. I intended to place it in the College of Physicians and Surgeons of the Western District of New York, at which Institution I graduated. If the above description of this child meets the eye of any one who knows now where it is (and whoever has seen it, and reads this description, cannot fail to identify it), I hereby ask such person, most respectfully, to make known, through your Journal, where it is, and to give a more minute description of it. I will here say, that it is not my intention, at this late day, to reclaim it.

No one could fail to see the impress of the frog upon this child. The

mother did not see the child at all, but said it was *marked*, as before related, without being informed of its deformities, or that it had any.

Is not this a case of *modified* development, and that through the imagination of the mother?—I regard it as such, all theorizing of great men to the contrary notwithstanding. These theories I adopted as my belief on the subject, and strenuously advocated, until this case occurred. Dr. John Armstrong has said, "*that* experience which contradicts theory is the great test of truth." The four persons, present at the birth of this child, are living here now, and will confirm, at any time, the description &c. I have here given of it, the parents being both dead. I will furnish the names of the said four persons to any who may wish to ascertain the fidelity of my description. I challenge investigation.

At the birth of this child, the mother was anasarcaous and ascitic. But a week or two previous, she had removed from Washington County to this town, so that she had had no means employed for the relief of her dropsy. She died in an advanced period of her next pregnancy, very suddenly and unexpectedly, of dropsy, and without treatment.

A few words on the process of the labor, in this case, may not be unacceptable to your junior readers. A few feeble and distant uterine contractions discharged the liquor amnii. I was called. Os uteri high, undilated, but soft. Feeble and distant pains for twenty-four hours brought the presentation within reach, and partly dilated the os uteri. Nose and eyes felt, diagnosing face presentation. All the soft parts œdematous. Pelvis large and well formed. I resolved to turn, and bring by the feet if necessary. Passed up my hand for this purpose, and found the face on the top of the head; head small and stiff on the trunk, admitting no flexion. Here I desisted; turning being not only impracticable, but unnecessary. In twenty-four hours more, the head reached the pelvis, escaping through the os uteri. The inflexibility of the head upon the chest lodged it there. I now took hold of the head, and aided the delivery by traction, acting with the pains. The mother recovered without any untoward circumstance occurring. Much that took place, and was done besides, it is not necessary to mention.

The inquiry may be suggested, why I have not reported this case before. I answer, first, because I hoped, for a number of years, that I should regain the child, which I then intended to place in some public institution, where it would speak for itself; and second, because I was apprehensive of appearing so often in your Journal, that my room might be preferred to my company.

SAMUEL C. WAIT, M.D.

Gouverneur, St. Lawrence Co., N. Y., Oct. 18, 1849.

MEDICAL VIEW OF MARRIAGE.

[Communicated for the Boston Medical and Surgical Journal.]

AN authentic statement has been made in the public Journals that a community of wives had been deliberately and understandingly formed in this country, and the usual marriage rite entirely abolished. It is not intended to speak of the mere ceremony of marriage. This is as various

as the laws and religions of different parts of the world. Nor shall we suppose it impossible that a man in a sound state of mind may not form this or any other utopian plan for the improvement of his race. The attempt may not be more extraordinary, nor the motive more eccentric, than an attempt to invent a perpetual motion or discover the philosopher's stone. The plan is novel only in the boldness of the enterprise, and, in the idea of extending the system, like other associations for human improvement. A community of wives is merely a brothel under a new cognomen. Its participators are to be respectable people in the condition of lewd men and women. We wish not to fasten needless obloquy upon delusion, nor to create a sentiment of unkindness towards them by people privileged to discern more clearly and to act with more discretion; but merely to examine cursorily a few consequences of such a project.

The usage of assigning one male to one female of the human race, has widened and extended in a similar degree with the general and progressive ascertainment of equal rights. The equal number of each sex is a strong indication of the propriety of such a usage, aside from its happy and auspicious consequences, when tried by experiment. But, perhaps the propriety of the usage is better understood than its necessity, at least out of the profession. A usage from which the human race can never widely deviate without their total extinction, nor at all without a proportionate diminution of their numbers, should not be hastily abolished. If the observations of the writer have been correct, the union of one man and woman is more blessed in the number of offspring than a second marriage on the part of the woman, and this more than a third, and so on. Children diminish in proportion to the number of husbands. This, however, argues nothing against the propriety and lawfulness of marriages which daily take place.

In brothels, many of which, in the old world, are as well regulated as any similar communities can be, the phenomenon of a child is a rare thing. The nearer, however, the union approaches to the marriage state, the greater probability there is of children, but it is seldom long enough to be attended with this result. It has been stated by those well versed in statistics, that none of the cities of the old world could long exist, were they not yearly replenished from the country towns, where the legal union of the sexes is kept with more fidelity, where more healthy offspring are produced, and where the disease peculiar to promiscuous intercourse is much less in extent. In no country is the legal union of the sexes guarded with more jealousy than in this, and in none is there anything like the rapid increase of numbers. The difference between the population of ancient and modern times may in some measure be accounted for upon the great extension of this usage.

Among the inferior orders of animals, the females bring up their own young, the males often assisting: the exceptions are few. To do less in this respect than they, would argue a decline rather than an improvement in the affairs of our race. The cow is faithful to her trust, and the robin becomes desperate if thwarted in the concern of providing for and

feeding her young. Indeed a community of wives might take some useful lessons from these lower tribes.

Aside from the insane dreams of romance, there can be no great enchantment in the prospect of a life in such a community. It requires but little understanding to see that pleasures enjoyed in common with all ages, grades, and characters, must full soon lose their zest, and that a common thing is invariably a stale thing. Women are all apples from the same tree, differing not in taste, and but a little in shape, beauty and fairness. Shall we then insist with childish folly upon a piece of each apple, or be contented with only the one of our choice? The harder sex are also of one and the same tree.

Brothels in all parts of the world furnish us with an abundance of experiments upon this subject. A community of wives can never be made to differ essentially from these. Industry, neatness, and even fashion and education, may be introduced into them, but they must all end in disease, tedium vitæ, and, in time, extinguish the race. Expense and the best medical skill have never been able to prevent disease in licensed houses of pleasure. It yearly slays its multitudes, and disfigures its thousands. If children are born, they are feeble, decrepid, and short lived. Filial affection is dissipated, and all the common relations of life completely annulled. The present mode of union may not fulfil every immature dream of youthful vision, or be fitted to the exquisite sensibilities of chivalric fancies and dispositions, but will be sure to commend itself to the human understanding in general.

D. B. SLACK.

Providence, October, 1849.

MARRIAGE OF INVALIDS.

[Extracted from a Manuscript Work by ENOS STEVENS, Examining Agent for the Massachusetts Commissioners for the Prevention and Restoration from Idiocy.]

Or the parents of the idiotic persons, fourteen couples were married in accordance with a medical prescription for their healths and minds; because they were often nervous, irritable, languid, gluttonous or masturbating, and fast becoming absent minded and forgetful. They were assured by all medical advisers, far and near, that marriage would certainly break up their tendency to masturbation, and probably restore their healths and minds. They argued that their first children would inherit their diseases, and probably die, and carry off the difficulties, leaving the parents well. But in these fourteen cases, the first children did not all die, although they inherited all the scrofulous weaknesses of both their parents, and never improved in mind or body beyond the lowest grades of infantile strength and intelligence. The brains of all their children were as weak as the bodies of their parents, and they are yet living monuments of unhealthy germinations and gestations. Indeed, these parents were relieved of masturbation, but their venereal labors were mostly love's labor lost, while their frequent sexual operations excited all their other diseases and habits to their worst forms and degrees. All these parents were after-

wards often insane or lunatic ; and all their children, during this state of their health, were either extremely delicate, blind, deaf, puny, deformed, or else idiotic or still-born. But afterwards, some of these parents were correctly advised, and became healthy ; and then, when they had lived properly a few years, they had healthy and intelligent children. From all these considerations, and hereditary influences, we perceive the importance, to those who are forming matrimonial alliances, of choosing a spouse who is healthy, intelligent, temperate and industrious ; so that when their children resemble the parents, they may not be puny, irritable, lame, deformed, insane nor idiotic. Moreover, when persons are about to become parents, they should take care to be perfectly well, temperate and industrious, so that their children, who resemble them, may not be sickly, gluttonous, intemperate, masturbating, nor insane in some faculties and idiotic in others ; until they are reduced to nearly the normal condition by a long course of systematic training in childhood and youth, at a school for the feeble minded.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 31, 1849.

Curability of Pulmonary Consumption.—A French physician of celebrity, Dr. A. M. Bureaud Riosfrey, has recently visited Boston, and very much interested those of the profession who have had an opportunity of making his acquaintance. He promulgates the doctrine that certain forms of consumption are certainly curable, and his theory and facts go strongly to prove its truth. Dr. Riosfrey is the author of two works, now before us, that show him to be a man of profound research, and who is desirous of creating a new interest in behalf of a melancholy class of sufferers, that have too frequently been supposed beyond the reach of medical assistance. One of the works is entitled—"Curabilité de la Phthisie et des Scrofules, appuyée sur des preuves authentiques ;" and the other, "Du Cholera, moyens préservatifs et curatifs, ou philosophie des grandes épidémies." Both were published in Paris in 1847. He will probably remain in the United States till the ensuing spring, and in the meanwhile visit Philadelphia, Baltimore, Washington, Richmond, Charleston, Savannah, New Orleans, Louisville, Cincinnati and St. Louis, with a view to collect statistical information in regard to the extent and character of phthisis at these great medical centres. We trust he will receive those personal attentions on his tour, which are due to a man of science and learning.

At the last meeting of the New York Academy of Medicine, Dr. Riosfrey was introduced to the members, in a warm and eloquent address by Dr. Francis. The following, from a New York paper, gives a synopsis of Dr. R.'s views, as expressed at that meeting.

"Dr. Bureaud Riosfrey rose to thank the Academy for the kind reception he had met with, and then read a paper on the *curability of consumption*, to which he has devoted special attention for many years. "Cholera," says Dr. Riosfrey, "that dreadful scourge which has spread terror and havoc

in the world, *is thus far but a passing disease*; while consumption, in its different forms, causes, not in one year only, but every year, a quarter of all the deaths in Europe, as also a quarter of the deaths in the United States. For a scourge that is permanent, there must be permanent laws that produce it. Diseases are subject to laws; they pursue a regular march, and tend towards a natural termination, by recovery or death. Therefore, it is the duty of medical men to search out the generation of diseases, in order to arrive safely at the laws of cure.

"The secret of the cure of consumption lies in the permanency of the means appropriated to counterbalance and to overcome the permanent causes of this disease. I am confident," says Dr. R., "that the time is not far distant, when for a *molecule of inorganic matter, that constitutes consumption, may be substituted a molecule of organic substance*. Then consumption may be cured by opposing constant means of restitution to constant causes of weakness and of premature decay."

Dr. Riofrey read only the introduction of his memoir, perhaps from diffidence in speaking a foreign language, or more probably fearing to take all the time of the meeting. He concluded as follows:—

"Again and again I say consumption is curable; but not by accidental means, not by a specific, for unfortunately there is none, but by a *proper physical education, by harmonizing the climate with the patient's health and wants, by the resources of organic chemistry, by the new views on digestion and dyspepsia*; in fact, gentlemen, by a *new science*, that I call the true philosophy of medicine—in other words, by opposing *constant means of restoration and health, to constant means of degeneration and disease*.

"Gentlemen, I came across the Atlantic to learn from you what you have discovered for the cure of this permanent plague, consumption. In a country that has attained so much greatness as yours—in a country where the blessings of freedom allow any one a full scope and a complete development of his faculties, medical science cannot remain behind the streams of progress. It is true, at first sight, the medical profession is encumbered by parasitic beings, but there are among you very great men, that delicacy forbids me to name, for some of them are here present. There are great men who, like the oaks of your forests, stand high in the estimation of the world, and they cannot lose their value because the moss of quackery springs and moulds at their feet. To you, then, gentlemen, noble pillars of the medical science in this country, I make an appeal in behalf of suffering humanity. I have not the pretension to teach you anything—but the humble labors of a man in search of truth, deserve encouragement; and it is this consideration that led me to come to this country; not to dig the California gold, but to enrich and enlighten my understanding with the discovery and advanced knowledge of the true American philosophers."

Physician and Patient.—Worthington Hooker, M.D., of Norwich, Conn., a gentleman of refined manners and elevated sentiment, and who is an honor to the medical profession, has been for a considerable time maturing a kind of philosophico-ethical analysis of the mutual duties, relations, &c., of the medical profession and the community. The results of his inquiries are now given to the public in a generous-looking octavo, of 553 pages, from the press of Baker & Scribner, Nassau st., N. York. Owing to the almost endless natural and artificial subdivisions of the

practice of medicine, the thriftiness of quackery in forms so seductive that persons of the highest intelligence are daily caught in its toils, and the obvious disposition of the unthinking, unreflecting masses, to take medicine, regardless of its chemical properties or appropriateness to their real or supposed ailments, it was a bold and original thought to attempt to reconcile all parties, to establish harmony, and rear the banner of common sense above vulgar curiosity, prejudice, and the levelling spirit of ignorance, so that merit should be appreciated, and honesty and discretion characterize the people in seeking medical advice. Dr. Hooker has written both beautifully and convincingly; but the question obtrudes itself—Will this delightful work effect the desired change in society? Will the sale of patent pills, of poor men's plasters, &c., be diminished? In short, will the people, the consumers—whose capacity, like the ocean, is such that it was never yet filled—be influenced by Dr. Hooker's cogent arguments, and historical illustrations of the infamous deceptions that have been and still are carried on under the pretence of curing disease? We say, without hesitation, but with a sad feeling of mortification in acknowledging the remediless weakness of the age in which we live, that the abuses he has exposed, the deceptions he points out, and the neglect of duties incumbent on all parties, so faithfully portrayed in this excellent book, are not yet to cease. A hundred years hence, some philanthropist, equally scientific, and influenced by the same motives that have moved Dr. Hooker to this elaborate undertaking, will probably deplore, as he does, the gullibility of civilized man in whatever pertains to his individual health. While the elements of humanity remain as they are, there will be no lack of cheats and impostors; and the pleasure of being cheated will continue to be as great as when Butler wrote his *Hudibras*.

With these preliminary observations, we would strongly urge it upon medical men to read the "Physician and Patient," and to pass it round the town or the village, if perchance it may open the eyes of the great public to their own mental blindness.

The nineteen chapters of the work treat of the following subjects:—Uncertainty of Medicine; Skill in Medicine; Popular Errors; Quackery; Thomsonism; Homœopathy; Natural Bonesetters; Good and Bad Practice; Theory and Observation; Popular Estimates of Physicians; Means of Removing Quackery; Intercourse of Physicians; Interference of Physicians; Mutual Influence of Mind and Body in Disease; Insanity; Influence of Hope in the Treatment of Disease; Truth in our intercourse with the Sick; Moral Influence of Physicians; Trials and Pleasures of a Medical Life.

Medicines, their Uses and Administration.—Mr. W. E. Dean, a New York publisher, has issued an American from the second Dublin edition of Dr. Neligan's much approved guide on "Medicines, their uses and mode of administration," including a complete conspectus of the three British Pharmacopœias, an account of all the new remedies, and an appendix of formulæ, with additions by Benj. W. McCready, M.D., Prof. of Materia Medica in the New York College of Pharmacy, &c. It is a compact, sensible, useful compilation, of 474 pages, but as vilely printed as a two-penny almanac. Both paper and binding, if the copy before us is a specimen of the whole, are very miserable indeed. Dr. Neligan will not feel complimented to be sent abroad in the United States with such a shabby dress.

Diseases of the Bones.—To Messrs. Lea & Blanchard we are all indebted for this useful and much-approved treatise by Edward Stanly, F.R.S., President of the Royal College of Surgeons—being a complete and thorough practical commentary on the diseases to which the organic framework of man is subject. The arrangement of the subjects is in four distinct parts. In the introduction is considered the analogy in the diseases of bones to those of the soft parts. Part I. embraces hypertrophy and atrophy of bone, followed by chapters upon neuralgia and inflammation, caries, ulceration and necrosis. Part II. takes up the consideration of tumors. Part III., rickets, mollities and fragilitas ossium, scrofula, hard carcinoma and melanosis in bone. Part IV. is rich in materials for the practising surgeon. Morbid growths from the jaws, diseases of the bones of the spine, and of the periosteum, complete the circle of investigations. Without pretension, and, as one would naturally suppose, not particularly inviting, the burden of the author being bones from beginning to end, yet we scarcely know of a more useful and important work. It should be in every surgeon's hands, and the general practitioner of medicine would receive gratifying assistance from it. Ticknor & Co. have copies for sale.

Cod-liver Oil.—So very common is the adulteration of this oil, of late, that it is becoming a question of very grave concern, where the genuine can be procured. It is said that lard oil, properly charged with iodine, &c., is retailed extensively. Oils extracted from the livers of various kinds of fish are also palmed off successfully, so great is the demand for a very important remedy. Mr. Burnett, Tremont Row, who is wholly above low trickery in trade, has shown us a beautiful specimen of the cod-liver oil, prepared for his customers, that looks like what the genuine should be. Messrs. Philbrick & Trafton, likewise, extract an article which has every appearance of purity, a bottle of which has been left at this office for the inspection of the faculty. It is also prepared, as our advertising pages will show, by various others of the druggists of the city, and we have no doubt faithfully, as we have great confidence in their skill and integrity.

Abscess of the Brain.—An attentive correspondent in New York sends us the following interesting account of Dr. Detmold's remarkable case, alluded to in last week's Journal. It was received too late for insertion in proper form and place.

DEAR SIR,—In the last No. of your Journal, I perceive an allusion to one of the most important surgical operations ever performed in this country, and one which is probably without a parallel in the records of our art. That a non-professional report of the case should have found its way into the secular papers, is matter of regret, I doubt not, to Dr. Detmold himself, the distinguished surgeon whose science and skill, the indiscreet publication alluded to, was doubtless intended to extol. Especially is it regretted by the friends of the operator, in view of the minute and complete report of the case which it is known has been prepared for one of the Medical Journals by Dr. D. himself, and which only awaits the final issue; which although apparently certain to be complete recovery, yet is still contingent, as are all human events, upon circumstances, which may disappoint our most confident prognosis.

Without anticipating the full report to the profession of this important operation, which may be expected hereafter, I venture to respond to the call made in your last No. by relating in brief the facts of the case, for though I was not present at the operation, yet I have been familiar with its history, and have personally examined the wound, and conversed with the patient. And I have done so this day, so that you might have the latest intelligence for the benefit of your readers.

It is now nearly four months since the patient received a fracture of the skull by the fall of a derick, by the breaking of some machinery with which he was at work. The physician who then saw him, removed a small portion of the frontal bone which he found loose in the wound, and no urgent symptoms demanding farther interference being present, the wound was permitted to heal. About a month afterward, however, the patient gave signs of compression of the brain, whereupon Dr. Detmold was called for the first time, and on laying open the cicatrix, he found several pieces of the internal table of the cranium were loose and dependent, all of which he removed with so immediate relief, that no other treatment seemed to be called for. The patient soon recovered, and the wound entirely healed, nor until a month more had elapsed was the attention of the surgeon called to the case. But on the 13th day of September, the symptoms characterizing com-

pression of the brain came on, and increased so rapidly, as to place the patient's life in imminent peril. He became totally unconscious, with dilated pupils, and his pulse reduced to 40 in a minute, while his respiration was stertorous.

Dr. Detmold being again summoned, and judging an immediate operation necessary, proceeded to expose the portion of the cranium adjacent to the wound, by a crucial incision, carefully dissecting up the scalp to the necessary extent. Finding that the old cicatrix left by the former operation had adhered to the dura mater through the opening left in the cranium, by the removal of bone in the former operation, he avoided this cicatrix at first. But after removing all the loose pieces of the frontal bone, approaching the superciliary ridge of the left side, and exposing the dura mater to the extent of full four inches square, without relief and without discovering the source of the mischief, he proceeded to dissect off the cicatrix, including that portion of the dura mater which was adherent to it, but still the cause of the compression could not be detected, although the anterior and superior portion of the left hemisphere of the cerebrum, was now fully exposed to view. The emergency admitting of no delay, without sacrificing the patient's life, Dr. Detmold, after a brief consultation with the medical brethren present, made an incision into the substance of the brain, directly beneath the original wound, whereupon the escape of several ounces of pus disclosed the true nature of the case, and the immediate restoration of the patient to consciousness, and the relief of all the formidable symptoms, followed, showing that the compression was due to the abscess, which as it afterwards appeared communicated with one or more of the ventricles of the brain, into which the probe has been repeatedly passed.

It is now forty-five days since this operation, and while the patient has been slowly recovering, a great variety of singular phenomena has been presented, which would interest and puzzle a metaphysician. At one time there seemed to be a total loss of memory, and even now he cannot remember his own name, although on other topics he appears to be recovering this faculty, and to-day he answered questions intelligibly, and showed us that he could read; but he could not remember the name or value of a piece of coin held in his hand, and which he closely inspected with his eye. He knew the Doctor, however, very well, and recognized a watch and some other objects with readiness.

The probe shows that the cavity of the abscess is filling up with granulations or otherwise, and a very little pus is seen oozing from the wound in the scalp, which has nearly healed. So far as all the existing indications are reliable, his speedy recovery may be expected. How far his mental faculties may have suffered, cannot be known until some time shall have elapsed. Should his corporeal health be restored, the functional disturbance of his intellectual faculties may possibly prove to be but temporary, in which case this will be one of the most signal triumphs of modern surgery.

The case affords material for much reflection and profitable comment, and when its details shall be furnished and its history be complete, it may throw light upon some of the most difficult problems in psychological as well as physiological research.

Trusting that this brief and hasty letter may serve your purpose, I commit it to your discretion.

Respectfully yours,

D. MERZDITH REESE.

New York, Oct. 26, 1849.

Calomel in the Treatment of Cholera.—Among the many modes of treatment which have been recommended in England for the treatment of cholera, during its late prevalence there, that of Dr. Ayre, of Hull, consisting of small doses of calomel, frequently repeated, as described in this Journal of the 10th inst., seems to have found most favor. This was particularly the case during the commencement of the epidemic. Later in its course, the frequent inefficiency of this treatment seems to have become apparent. The mortality from cholera in Hull was greater than in other places, so that Dr. Ayre felt himself called upon to publish a letter, in which he attributes this mortality to various causes other than the mode of treatment adopted by him. Physicians also in other places have latterly shown this method to have been unsuccessful in their practice. Dr. Hughes, assistant-physician at Guy's Hospital, London, condemns it as totally inefficient, having seen cases where it was commenced very soon after the appearance of the disease, and continued, without effect, till the patient's death. Instead of wasting time, as he calls it, upon this method, he recommends "a large dose of solid opium by the mouth, followed by astringents, ammonia and opium in a fluid form, together with an enema composed of a small quantity of starch and a full dose of laudanum." In this country it is well known that calomel in large doses has been recommended and used in cholera. On this subject, Drs. Saiton of Kentucky, and Bigelow of Boston, have written in this Journal, and some further remarks by the former will appear next week.

DEED.—At Mount Jefferson, Alabama, Dr. McCantz.—At Centreville, Md., Dr. Robert Goldsborough, formerly President of the Medical and Surgical Society of that State.—77.

Report of Deaths in Boston—for the week ending Saturday, noon, October 27th, 67—Males, 36—females, 31. Accidental, 1—abscess, 1—disease of the bowels, 1—burns, 1—congestion of the brain, 2—consumption, 7—convulsions, 1—croup, 1—cancer, 1—dropsy, 4—dropsy of the brain, 1—dysentery, 6—debility, 1—delirium tremens, 1—fever, 2—typhoid fever, 2—brain fever, 1—lung fever, 2—slow fever, 1—scarlet fever, 1—disease of the heart, 2—injury received in a fight, 1—infantile diseases, 6—inflammation of the lungs, 4—inflammation of the larynx, 1—disease of the liver, 2—paralysis, 1—old age, 2—sudden and unknown, 3—diseases of the stomach, 2—teething, 3—tumor, 2.

Under 5 years, 25—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 10—over 60 years, 12. Americans, 32; foreigners and children of foreigners, 35.

Important Discovery in Ventilation.—At a time when the cholera, with an appalling voice, calls the most earnest attention to house-ventilation, and dreadful explosions and loss of life in mines demand no less anxious efforts to devise means for the prevention of these calamities, we have much satisfaction in anticipating that human residences may easily be supplied with a continual circulation of wholesome air, and the most dangerous subterraneous works be preserved against accidents from foul currents or fire-damps. Dr. Chowne has enrolled a patent for Improvements in Ventilating Rooms and Apartments, of the perfect efficacy of which, we believe, there cannot be a doubt, and on a principle at once most simple and unexpected. Without going into details at present, we may state that the improvements are based upon an action in the inverted syphon which had not previously attracted the notice of any experimenter—viz., that if fixed with legs of unequal length, the air rushes down into the shorter leg, and circulates up, and discharges itself from the longer leg. It is easy to see how readily this can be applied to any chamber, in order to purify its atmosphere. Let the orifice of the shorter leg be disposed where it can receive the current, and lead it into the chimney (in mines, into the shaft), so as to convert that chimney or shaft into the longer leg, and you have at once the circulation complete. A similar air syphon can be employed in ships, and the lowest holds, where disease is generated in the close berths of the crowded seamen, be rendered as fresh as the upper decks. The curiosity of this discovery is, that air in a syphon reverses the action of water, or other liquid, which enters and descends or moves down in the longer leg, and rises up in the shorter leg! This is now a demonstrable fact; but how is the principle to be accounted for? It puzzles our philosophy. That air in the bent tube is not to the surrounding atmosphere as water, or any heavier body, is evident; and it must be from this relation that the updraft in the longer leg is caused, and the constant circulation and withdrawal of polluted gases carried on. But be this as it may, one thing is certain—that a more useful and important discovery has never been made for the comfort and health of civilized man. We see no end to its application. There is not a sanitary measure suggested to which it may not form a most beneficial adjunct. There is not a hovel, a cellar, a crypt, or a black, close hole any where, that it may not cleanse and disinfect. We trust that no time will be lost in bringing it to the public test on a large scale, and we foresee no impediment to its being immediately and universally adopted for the public weal. We ought to remark that fires or heating apparatus are not at all necessary; and that, as the specification expresses it, "this action is not prevented by making the shorter leg hot while the longer leg remains cold, and no artificial heat is necessary to the longer leg of the air-syphon to cause this action to take place."—*London Literary Gaz.*

Accident to the Physician of an Asylum for the Insane.—On the 6th of September, Dr. Levillain, Physician to the Asylum of Cadillac, near Toulouse, was passing through the wards of the establishment, when one of the patients suddenly stabbed him in the back with a dagger. The wound, which at first was thought very serious, luckily turned out to be of a trifling nature. The man who committed this act is one of that class of mad persons who continually fancy themselves in danger of being attacked; this one in particular thinks that every one around him is trying to poison him. It will be recollected that Pinel was nearly killed by one of the insane women of the Salpêtrière, who hurled a paving-stone at him.—*London Lancet.*